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State Board of Health Rules Committee

November 10, 2022

1:00pm-3:00pm

Minutes

Locations

Meeting can be viewed here:

[Cisco Webex Meetings - Replay Recorded Meeting](#)

Minutes

1. Call to Order – 1:03 pm
 - a. Members present: Rashmi Chugh, John Herrmann, Joseph O'Connor, Karen Phelan, Janice Phillips, Erica Salem, Esther Sciammarella, Susan Swider
 - b. Members absent: Pilar Guerrero, Nathan Hoffman, Angela Oberreiter, Christopher Woodrow
 - c. IDPH staff present: Tyler Bohannon, Sean Dailey, Sara Ettinger, Don Jones, Allison Nickrent, Karen Senger, Amaal Tokars
 - d. Guests: N/a
2. Public Comment – N/a
3. Director's Office Update – Amaal Tokars
 - a. Many things going on in public health. Thanks to IDPH colleagues and staff for ongoing efforts.
 - b. One thing that is increasingly important is prevention of respiratory surge. We have seen this with COVID, flu, other viruses, and now with RSV.
 - c. The way that we and CDC evaluate surge is on the basis of serious illness and/or hospitalization. Paying close attention to surge over the past several months. Preventative measures such as vaccines mitigate surge. Treatment is also crucial.
 - d. Elderly remain most at-risk for serious illness from respiratory infection and are the most highly vaccinated group. 32% of elders have received latest COVID booster.
 - e. IDPH staff will be engaging local health departments if long-term care facilities are seeing gaps in vaccination rates among residents.
 - f. All persons benefit from being vaccinated. Living with these diseases means everyone must do their part.
 - g. Thank you all for your leadership.
4. Review of Administrative Rules
 - a. [77 IAC 295](#): Assisted Living and Shared Housing Establishment Code – presented by Sheila Baker

- i. Three categories up for discussion. These include increasing the amount for the fees and the fines, changes made to timeframe, and streamlining of the response times and the types of responses needed from facilities.
 - ii. Physical facility updates are included. Some codes were updated to reflect the regulation. And there is an addition for employee assistance programs.
 - iii. Started with 20 assisted living facilities. There are now 537 facilities. Increased number of surveyors and the amount of supervision needed for the program.
 - iv. Increase in licensure fees as well as fines to address programming demands.
 - v. Clarified timeframes in responses to facilities. Removed the provision on statement of dispute to avoid disrupting timeline.
 - vi. Streamlined program processes by assessing language used for violations and reporting for incidents and accidents reporting. Life safety updates included in physical requirements as well as changes needed to be in compliance with national codes.
 - vii. Added an existing establishment and new establishment definition. New establishments held to different standard based on changes in code requirements. Added requirement for facilities to have an employee assistance program.
 - viii. Joseph O'Connor: Why the difference in font color?
 - ix. Sara Ettinger: This is dependent on which reviewer is adding language.
 - x. Susan Swider: Why the use of "may" language on page 26?
 - xi. Sheila Baker: When there's an investigation, we may or may not indicate who filed the complaint for privacy purposes and safety of residents.
 - xii. Karen Phelan: Are there specifications for single occupancy when two residents choose to share a unit? Is this applicable to spouses or other family?
 - xiii. Sheila Baker: That is not specified here. So yes, it can be applicable to family.
 - xiv. John Herrmann: Would suggest uniformity in numerical layout. Some provisions contain numbers whereas others are spelled out.
 - xv. Motion approved for filing with Secretary of State for first notice.
- b. [77 IAC 591](#): Visa Waiver Program for International Medical Graduates – presented by Don Jones
- i. The J-1 Visa Waiver Program is part of the U.S. Immigration and Nationality Act. Allows foreign medical graduates to continue medical education in U.S. with J-1 visa status. J-1 status indicates that these individuals are in the U.S. for educational purposes.
 - ii. Immigration Act states that once the physician's education is complete, they must return to their home country and may not return to U.S. for 24 months.
 - iii. J-1 allows a physician to petition a state health agency to recommend a waiver to their home country requirement to the U.S. Department of State. If approved, physician agrees to work for a minimum of 3 years at a medical facility that is located in a health professional shortage area somewhere in Illinois.
 - iv. [Public Act 102-0488](#) mandated the Department of Public Health to consider a forensic pathologist for a J-1 waiver. Emergency rules filed in September to accommodate forensic pathologist since October 1 starts the new application cycle for physicians who want to petition the department for a waiver.
 - v. Incorporating the language used in the emergency rulemaking and proposing other changes to the program to the standard rulemaking.

- vi. Karen Phelan: How many current participants are participating in the program?
- vii. Don Jones: To date we have 88 that are participating. 32 new waiver applications were received in October which are under review.
- viii. Susan Swider: Are we short on medical pathologists and is this a high need category?
- ix. Don Jones: There is a shortage of forensic pathologists across the country. We have an applicant seeking to work at the Cook County Medical Examiner's Office. If approved the individual would be working in July 2023.
- x. Rashmi Chugh: Definition of board eligible physician. Does this also include a physician who had been board eligible but then lapsed in certification?
- xi. Don Jones: Could incorporate that suggestion into the definition.
- xii. Esther Sciammarella: Are these individuals required to take board certification before they may apply for waiver?
- xiii. Don Jones: They are required to be in residency or fellowship training. Board eligibility not necessarily required. Would need to be board certified before eligible to work at a facility.
- xiv. Karen Phelan: Definition of physician. Why the reference to Illinois specifically?
- xv. Don Jones: This was to clarify those definitions and statements.
- xvi. Rashmi Chugh: Would recommend "specialty of family practice" be changed to "specialty of family medicine."
- xvii. Don Jones: We can do that.
- xviii. John Herrmann: How is the number of waivers for specialty determined?
- xix. Don Jones: This is an attempt to strike a balance between primary care physicians and specialists.
- xx. Janice Phillips: Is there a limit to the number of facilities a physician may work in?
- xxi. Don Jones: There is not a limit under this proposal. The Immigration Act allows a physician to work at multiple sites but it does not mandate a specific number or a cap.
- xxii. Motion approved for filing with Secretary of State for first notice.
- c. [77 IAC 245](#): Home Health, Home Service, Home Nursing Agency Code – presented by Karen Senger
 - i. Revisions made to the administrative code relative to home service agency workers.
 - ii. Industry wanted to expand further so several categories have been added to the assistance workers are able to provide seniors.
 - iii. Includes educational requirements for these entities to ensure appropriate training of workers. Language proposed may need to be cleaned up.
 - iv. John Herrmann: What is the difference between a home service worker from a placement agency and one from a home service agency?
 - v. Karen Senger: Home services agency is one in which the worker is employee of the agency. A home services placement agency is similar to a job seeking agency which assigns the worker to become the employee of the client.
 - vi. Motion approved for filing with Secretary of State for first notice.
- d. [77 IAC 545](#): Sexual Assault Survivors Emergency Treatment Code – presented by Karen Senger
 - i. This pertains to [Public Act 102-1097](#). We had emergency rules during COVID that added federally qualified health centers to perform medical forensic evidence collection for patients.

- ii. This was an emergency rule that was then enacted by statute to make it permanent for federally qualified health centers for another 2 years.
 - iii. Patients are not charged or billed for medical forensic evidence collection. They are also issued a voucher for follow up care, counseling, labs, and medication. Follow up care has been extended from 90 days to 180 days to allow for expanded access to services.
 - iv. Also contains a provision allowing survivors to opt out of billing their private insurance. Would then be billed to the Illinois Department of Health Care and Family Services. Options were created for children and/or young adults still on their parent insurance plan.
 - v. Other provisions incorporate federally qualified health centers into rules as providers of sexual assault evidence collection.
 - vi. Susan Swider: "Amount of medication" language is awkward. What is rationale?
 - vii. Karen Senger: The language is statutory.
 - viii. Karen Phelan: Section concerning December 31, 2023 repeal. Why was this formerly repealed?
 - ix. Karen Senger: Originally was only an emergency rule during COVID and was reinstated statutorily through 2023.
 - x. Esther Sciammarella: Would suggest the use of cultural competency language.
 - xi. Motion approved for filing with Secretary of State for first notice.
- e. 77 IAC 264 (new part): Birth Center Licensing Code – presented by Karen Senger
 - i. *Consideration postponed until November 17, 2022 meeting.*
- 5. New Business
 - a. Overview of administrative rules process—Allison Nickrent
 - i. *(Postponed)*
- 6. Upcoming meetings:
 - a. **STATE BOARD OF HEALTH 11:00 - 1:30 PM**
 - iv. December 8
 - b. **STATE BOARD OF HEALTH RULES COMMITTEE 1:00 – 3:00 PM**
 - iv. November 10
 - c. **STATE BOARD OF HEALTH POLICY COMMITTEE 1:00 - 3:00 PM**
 - iv. November 17
- 7. Adjournment – 3:14 pm